

CLAIMS ONLY							Application Number <div style="font-size: 1.5em; font-family: cursive;">10/758326</div>	Filing Date	
							Applicant(s)		
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend
1	1						51		
2		1					52		
3		1					53		
4		2					54		
5		2					55		
6		1					56		
7		1					57		
8		1					58		
9		1					59		
10		1					60		
11		1					61		
12		1					62		
13		1					63		
14		1					64		
15		1					65		
16		1					66		
17		1					67		
18		1					68		
19		1					69		
20		1					70		
21		1					71		
22		1					72		
23		1					73		
24		1					74		
25		1					75		
26		1					76		
27		1					77		
28		1					78		
29		3					79		
30		1					80		
31		1					81		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep	1						Total Indep		
Total Depend	34						Total Depend		
Total Claims	35						Total Claims		

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		2				
5		2				
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29		3				
30		1				
31		1				
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49						
50						
Total Indep	1					
Total Depend	34					
Total Claims	35					

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	Indep	Depend	Indep	Depend	Indep	Depend
51						
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99						
100						
Total Indep						
Total Depend						
Total Claims						